### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # F98000000001**

1. Entity Name LLADRO REALTY, INC.



Principal Place of Business

ATTN: BARBARA S. JENTIS, ESQ. 1 LLADRO DR MOONACHIE, NJ 07074 Mailing Address

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#### FILED Feb 16, 2007 08:00 AM Secretary of State



01192007

No Chg-P

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CR2E034 (11/05)

4. FEI Number Applied For Not Applied State Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

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<ol><li>The above named entity submits this statement for the purpose of ch the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstaling)	DATE

FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000638769 02/27/07-80044-011 1

OFFICERS AND DIRECTORS 10. DP TITLE NAME SALA, ANGELES L 46016 TAVERNES BLANQUES STREET ADDRESS CITY-ST-ZIP VALENCIA, SPAIN, D TITLE NAME STUYCK, LUIS A **46016 TAVERNES BLANQUES** STREET ADORESS CITY-ST-ZIP VALENCIA, SPAIN, S TITLE SANTAMARIA, RUBEN NAME STREET ADDRESS 46016 TAVERNES BLANQUES CITY-ST-ZIP VALENCIA, SPAIN, **CFO** DIPALO, ANGELO M NAME STREET ADDRESS 1 LLADRO DR MOONACHIE, NJ 07074 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee/empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all of the corporation of the corporation of the receiver of trustee/empowered.

SIGNATURE:

SNATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-9-07

Date ·

Daytime Phone #